

COMMISSION ON AGING
Senior Services Oversight Committee
May 11, 2010

Attendees: Elaine Binder, Dr. John Honig, Vivien Hsueh, Alan Kreger, Mona Negm, Dr. Odile Saddi, Spencer Schron

Guests: Dr. Raymond Crowel, Sybil Greenhut, Bonnie Klem, Dr. Charles Smith

Dr. Charles Smith, Availability of Data to Describe Seniors in Montgomery County

Charles was asked to describe what data exists on seniors in Montgomery County that could help COA understand unmet needs of seniors and what services are being used by this population compared to other Maryland counties.

Charles said that in the majority of situations the only data that exists and/or is available is on services currently being provided by the County. Mental health data depends on the definition of what is being asked. He stated that the best source of this data is extrapolation from national data. Montgomery County is similar to the nation as a whole. National data can be accessed at the National Center for Health Statistics. Dr. Smith further argued that for a wide variety of planning purposes the County would be best served by using the best available sources of prevalence data (i.e. national, specific studies) and use those estimates via extrapolations to known County population figures.

Montgomery County data is a gross underestimate of unmet need. CHIP will rely on existing data but it will still be an underestimate, e.g. national data regarding depression is 15% prevalence overall and 20% for seniors. Montgomery County is becoming more like the national average than it was 20 years ago. This is significant in light of the data that show that seniors have the highest rate of suicide compared with other any other age group.

Montgomery County seniors, that is those over 65 years of age, comprise 13% of the population yet only represent one and one-half percent of those who are receiving publicly funded mental health services.

Alan Kreger asked Charles how he could help the work on the mental health initiative which involves training trainers to help train the staff working in

Assisted Living Facility and Group Homes. Alan described the initiative. Charles stated that Ronald Toseland has done a number of studies examining the impact of trainings to alter knowledge, attitudes, and skills among nursing home staff to improve client care and reduce staff turnover. Given that the initiative bears similarities to Toseland's prior work, Dr. Smith recommended that a study should replicate his methodology, which utilized pre- and post- testing. Charles said that this evaluation would look at changes in staff attitudes and knowledge. You are really measuring the effectiveness of training group home staff.

The issue was raised about the possible conflict of interest in training ombudsmen to train Assisted Living Facility and Group Home staff since they oversee the Assisted Living Facilities and Group Homes and their respective staffs.

In response to Elaine Binder's question of whether this initiative could progress without it being a COA Summer Study Sybil Greenhut emphasized the need for COA endorsement and involvement since it validates the issue and the action taken. It also supports not reducing any funding that may be used for training Assisted Living providers. COA has acted as the catalyst in galvanizing this initiative into action and bringing to the table the various partners, i.e. the Mental Health Association of Maryland, the Metropolitan Assisted Living and Group Home Association, Behavioral Health Services and Crisis Services, the Early Screening and Intervention Team, and ombudsmen. She also saw this approach, if successful, as a national model based on success in Montgomery County.

Assistance could also be sought from the University of Maryland School of Social Work in design and technical input. Charles also offered to help with the design. The indicators that could be incorporated into this study could include at a minimum the turnover rate of staff, changes in attitudes, skills, and knowledge.

Mona Negm asked Charles if there were any data identifying the percentage of ethnic minorities with mental illnesses in Assisted Living Facilities and Group Homes. There were no data that he knew of.

During the discussion of training and trainers modules, Mona raised the question of the possibility of including a Diversity Training component

especially since the County's population is becoming increasingly diverse. Sybil and Bonnie seemed receptive to the idea.

The Committee recommended that we pursue an endorsement of this project from the Montgomery County Mental Health Advisory Committee

Discussion of Other Topics for Committee Study

Discussion was initiated on other topics the Committee may consider for study and pursuit. Senior exploitation was suggested as a topic for further Committee consideration. Bonnie pointed out that in general exploitation of seniors there was a rate of 70% risk reduction in pursuing these matters. Yet in financial exploitation of seniors the risk reduction was only 45% in pursuing the resolution of these problems.

It was pointed out that the Committee in the past identified issues and problems that were brought to its attention by the Department of Aging and Disability Services. There was discussion on the possibility of the Committee pursuing multiple problems concurrently. The thrust was to solve problems.

There was support for pursuing issues related to financial exploitation and transportation.

Dr. Crowel Discusses the Mental Health Initiative

Alan summarized the mental health initiative that would train staff at the Assisted Living Facility and Group Homes in mental health issues. He also summarized the ideas for evaluating the pilot project. Dr. Crowel responded very positively to the proposed pilot project and the initial thoughts on the design of the evaluation. He discussed the various funding mechanisms for placement of patients, e.g. Medical Assistance Waiver, Money Follows the Person. He also emphasized the need for arrangements for consultative follow-up for crisis intervention which would necessitate making the crisis center aware of this project.

Dr. Crowel stressed the importance of good design for evaluation, especially for the training. He saw the project as definitely benefitting this client population. He was very appreciative that COA brings a senior view to Adult Protective Services and Behavioral Health and Crisis Services.

It was reiterated that the Committee should actively pursue the endorsement of this project from the Montgomery County Mental Health Advisory Committee.

The Committee asked Dr. Crowel about his pursuit of the Geriatric Senior Behavioral Services Team that the Committee discussed with him at the Committee meeting on December 8, 2009. At that time Dr. Crowel indicated that by possibly reallocating staff in existing County programs, tying the proposed team to what is already being done, and working within existing personnel positions it may be conceivable to develop the geriatric team as an interim step in implementation of the proposed project.

Dr. Crowel said that the economy has impacted the Department and the pursuit of development of the proposed geriatric team. He stated that the DHHS is planning on having a strategic meeting to address change, determining resources and service integration. He was trying to be aggressive regarding behavioral services for seniors, including the geriatric behavioral services team, for 2012 and beyond. There will be major changes to increase capacity and a shift in how services are organized.

Alan asked Dr. Crowel about the availability of data sources on mental health services. Dr. Crowel stated that Value Options is a claims database run by the State. There is also waiting list data for some programs.

Dr. Crowel mentioned that the crisis line has increased 33% in volume of calls. While economic factors may be involved, it is important to note as seniors have the highest rate of suicide.